

## PEER SUPPORT & WELLNESS SPECIALIST SKILLS TRAINING APPLICATION

**March 1<sup>st</sup>, 8<sup>th</sup>, 15<sup>th</sup>, 22<sup>nd</sup>, 29<sup>th</sup> – Five Saturday Series  
 Lincoln NE**

<p><b>Fax All 7 Pages of Application to:</b></p> <p style="text-align: center;">ATTN: Lucy Flores          402-471-7857</p>	<p><b>Or Mail All 7 Pages of Application to:</b></p> <p style="text-align: center;">Lucy Flores          Division of Behavioral Health          P.O. Box 95026          Lincoln, NE 68509</p>	<p><b>Email Assistance:</b>  <a href="mailto:Lucy.flores@nebraska.gov">Lucy.flores@nebraska.gov</a>  <a href="mailto:Cynthia.harris@nebraska.gov">Cynthia.harris@nebraska.gov</a>  <a href="mailto:Cody.Manthei@nebraska.gov">Cody.Manthei@nebraska.gov</a></p> <p><b>Phone Assistance:</b>          Lucy- 402-471-7644          Cynthia – 402-471-7857          Cody- 402-471-7790</p>
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**DEADLINE FOR APPLYING:  
 Tuesday February 18<sup>th</sup> 2014 5:00pm CST.**

**If accepted to the training, you will be notified by telephone on or around  
 February 21st, 2014**

Congratulations on deciding to apply for Peer Support and Wellness Specialist Skills Training! This 40 hour training from the members of the Nebraska Office of Consumer Affairs Facilitators

Circle will be an excellent opportunity to hone your skills as a Peer Support and Wellness Specialist and get plugged in with the network of peers that are dedicated to moving peer support to the next level as a profession in Nebraska.

Peer Support Specialists identify that they have lived experience. The Peer Support workforce works from the perspective of their lived experience with mental health and/or substance use challenges, trauma, and their own personal recovery and wellness journeys to assist in educating others about the reality of success, hopes, and dreams and the multiple paths to recovery! The focus of training will include a Nebraska specific material from Focus on Recovery United, Shery Mead Consulting, and Yale University, as well as important components from statewide peer leadership. This training is for individuals with experience with any lived behavioral health condition and trauma. Priority is given to veterans and peers working on funded projects, but we encourage people who want to just gain skills to apply.

You will receive a certificate of completion for attending the entire training. Upon completion of this training you will meet the requirements to complete an oral and written examination for Nebraska State Certification as a Certified Peer Support and Wellness Specialist. Please note that certification as a Peer Support and Wellness Specialist does not guarantee you employment. This is a training opportunity to enhance your skills and achieve eligibility for certification.

Thank you for your interest and good luck with your application!

**Contact Information:**

Name: \_\_\_\_\_

County in which you live: \_\_\_\_\_

Home Telephone No.: \_\_\_\_\_

Home Address: (**also** Street Address if your home address is a P.O. Box):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Home Email:

\_\_\_\_\_

Cell Phone: \_\_\_\_\_

Agency where you work:

\_\_\_\_\_

Work status (check one): Paid \_\_\_\_\_ Volunteer \_\_\_\_\_

Will be a Paid Position after Training \_\_\_\_\_

Current job title: \_\_\_\_\_

Work telephone: \_\_\_\_\_

Work/volunteer address:

\_\_\_\_\_  
\_\_\_\_\_

Work e-mail: \_\_\_\_\_

May we leave information regarding the status of your application with someone other than you?

If yes, complete:

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Best Time to Try: \_\_\_\_\_

Applicant's Full Name: \_\_\_\_\_ Date \_\_\_\_\_

Please list special needs and describe needed accommodations (accommodations are not based on personal preferences):

### **1. Understanding and Interest**

A. Why do you want to attend this training?

B. What makes you a good candidate to work with people experiencing trauma, mental health and/or substance use challenges in the behavioral health field?

### **2. Recovery Experience**

A. What does recovery and/or wellness mean to you?

Applicant's Full Name: \_\_\_\_\_ Date \_\_\_\_\_

B. What were/are important factors in your own recovery and/or wellness?

C. What types of experiences have you had in assisting, or advocating for, consumers of mental health services (for example, support group leadership, self-advocacy, public testimony, programs you started, etc.)? Please be specific.

D. What will be your most difficult challenge in attending this training? How will you deal with this challenge?

Applicant's Full Name: \_\_\_\_\_ Date \_\_\_\_\_

E. Describe your current employment situation (or volunteer situation). If neither applies, how do you spend your time?

G. Is there anything else you would like us to know in considering you for the Nebraska OCA Peer Support training?

### 3. Environment and Access

A. Do you currently hold a position where you will use the skills gained through The Nebraska OCA Peer Support training? Yes No (if no, go to B)

If yes, do you receive pay for this position? Yes No

Also, is your employer compensating you for your time in training? Yes No

If no, are you on unpaid leave for this training? Yes No

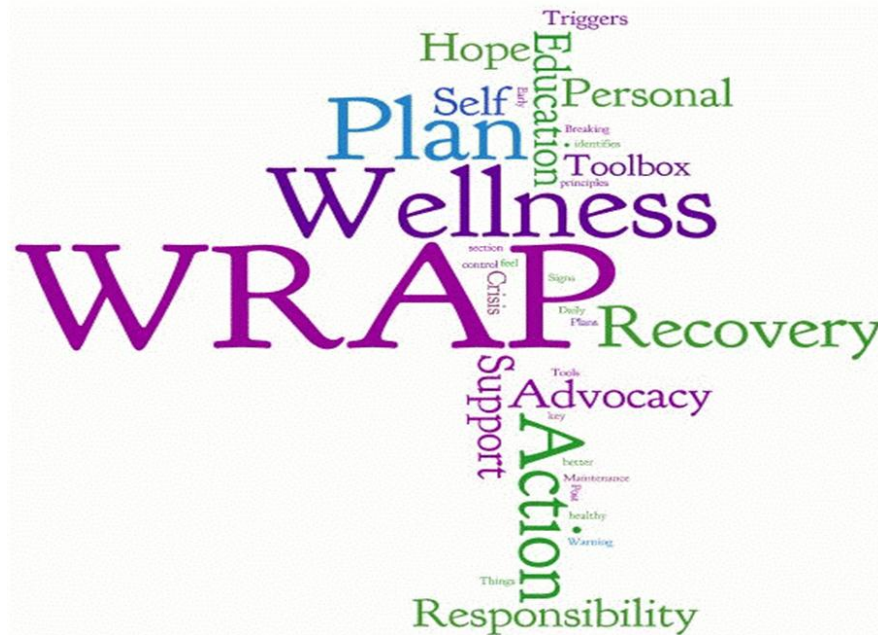
Position title/location: \_\_\_\_\_

B. Are you a current candidate for a position where you will use the skills gained through the Nebraska OCA Peer Support training? Yes No

If yes, will you receive pay for this position? Yes No

Position title/location: \_\_\_\_\_

Applicant's Full Name: \_\_\_\_\_ Date \_\_\_\_\_



If selected to attend the training you will be provided with a Wellness Action Recovery Plan (WRAP) to enhance your self-care during the training. To learn more about WRAP please visit [www.mentalhealthrecovery.com](http://www.mentalhealthrecovery.com)

**Please select which WRAP book you would like to receive. Please select one that is personal to your experience.**

- ☐ WRAP  
☐ WRAP for Addictions  
☐ WRAP for Veterans and People in the military  
☐ WRAP for the effects of Trauma  
☐ Plan de Acción para la Recuperación del Bienestar  
☐ I do not need a WRAP book at this time

**Directions: Please initial by hand those that apply to you for questions 1-5 on this page.**

1) My lived experience is with :

- a. \_\_\_\_\_ Recovery with Mental Illness only.
- b. \_\_\_\_\_ Recovery from Substance use only
- c. \_\_\_\_\_ Recovery with Dual Diagnosis (co-occurring)
- d. \_\_\_\_\_ Recovery with Trauma

2) \_\_\_\_\_ YES, I agree to self-identify my history with a behavioral health condition/trauma/recovery.

\_\_\_\_\_ NO, I do not want to disclose my history concerning behavioral health condition/trauma/recovery at this time.

**(Initial one statement that applies to you)**

3) \_\_\_\_\_ I understand that I must make all transportation, food, and lodging arrangements for this training on my own. I understand I may or may not be eligible to receive an honorarium. (The training itself is free).

**(Initial above if statement applies to you)**

4) \_\_\_\_\_ it has been at least one year since I was diagnosed with a behavioral health condition/trauma.

**(Initial above if statement applies to you)**

5) \_\_\_\_\_ I completed this application on my own.

**(Initial above if statement applies to you)**

**Once you have completed the application please sign and date that you understand its contents.**

**SIGNATURE** \_\_\_\_\_

**PRINTED NAME** \_\_\_\_\_

**DATE** \_\_\_\_\_

If you have any further questions please contact the Office of Consumer Affairs

Carol Coussons de Reyes, Certified Peer Specialist, MS  
Administrator for the Office of Consumer Affairs  
carol.coussonsdereyes@nebraska.gov  
402-471-7853 (office phone)  
800-836-7660 (office phone)